

New Issuer Onboarding 101: Enrollment, Payments & Testing

April 27, 2020

**Qualified Health Plan (QHP)
Issuer Conference**

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Agenda

- Issuer Onboarding: The Basics
- Gain Access to Issuer Resources
- Prepare to Receive Payment
- Exchange Enrollment Data with CMS
- The Road to End-to-End Testing

Review the QHP Certification Website (Plus QHP Toolkit Coming Soon)

- While this session focuses on the technical onboarding all issuers need to do outside of the QHP Certification process, remember to review the QHP Certification website and the QHP Toolkit which will be released soon.
- The QHP Toolkit is a supplemental resource that issuers can reference throughout the application process, especially when preparing materials to submit for certification
- The toolkit and website includes an application checklist, tips & techniques, intel on Plan Preview, how to deal with data changes, and more
- The QHP certification website is <http://www.qhpcertification.cms.gov> . You can find the link for “QHP Toolkit” at the bottom. New issuers can also click on “About the Marketplace” and click on “New Issuer Welcome”.

Issuer Onboarding: The Basics

- **Gain Access to CMS Issuer Resources**
 - Become members of CMSzONE Private Issuer Community
 - Sign up for issuer webinars on the Registration for Technical Assistance Portal (REGTAP)
 - Study the Enrollment and Eligibility (ENR) Resource Page on REGTAP
 - Obtain Health Insurance Casework System (HICS) casework system access for your staff
 - Know your issuer engagement, operations and reconciliation forums
- **Prepare to Receive payment**
 - Establish a Payee ID with Vendor Management
 - Establish 820 connectivity
 - Prepare for External Data Gathering Environment (EDGE)
- **Exchange Enrollment Data with Centers for Medicare & Medicaid Services (CMS)**
 - Complete/Update the Electronic Data Interchange (EDI) Registration Form
 - Establish Electronic File Transfer (EFT) connectivity with CMS
 - Direct Enrollment partners, establish Web Services connectivity w/CMS
 - Prepare to send monthly enrollment reconciliation files
- **The Road to End-to-End Testing:**
 - By August 5, begin attending the “CMS Issuer Technical Work Group”
 - Sign Up for Daily CMS Issuer Communication E-mails for Testing & Related Updates
 - By the end of September, participate in Open Enrollment end-to-end testing

Gain Access to CMS Issuer Resources



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

CMSzONE Private Issuer Community

One-Stop Shopping for Issuers' Technical, Operations & Testing Teams, including:

- Technical Webinars & Schedules
- System Release Notes & Upcoming Functionality
- End-to-End Testing Instructions & Environment Daily Status Alerts
- Open Enrollment Issues & Tips
- All resources for Direct Enrollment
- Enrollment Reconciliation Forms & Education
- EDI Registration Guidance
- Searchable Technical Documentation

The screenshot displays the 'Issuer Community - Private' interface. At the top, there are navigation tabs: View, Edit, Manage, Revisions, and Library. The main content area is divided into three columns. The left column, titled 'COMMUNITY INFORMATION', features the CMS logo, the text 'The Issuer Technical Community', and a green 'Unjoin' button. Below this, it lists the creator (Mon, 05/20/13), manager (Ama Emanuel_FED_CMS), visibility (Private), and sponsoring organization (E&E), with a green 'Request a sub-community' button. The middle column, titled 'COMMUNITY ANNOUNCEMENTS', shows the last message updated on 03/22/2018. It includes a yellow banner for 'CMS Issuer FPM Update: IMP1A is Available until 8 PM ET', followed by an 'All-Issuer Testing Available in IMP1A Until 8 PM ET' announcement. Below this is an 'Issuer Webinar Schedule' section with a 'REMINDER: CMS Enrollment Issuer Policy Call - New Webinar Platform.' announcement. The right column contains a 'CALENDAR' for March, an 'EVENTS FOR TODAY' section with no scheduled events, and an 'ADD CONTENT' section with links to Discussion, Documents, Event, and Wiki. The bottom of the page features a 'MEMBERS' list with names like Tom Birkmire_FED_CMS and Michelle Jenkins_FED_CMS, and a 'more' button. The footer includes the CMS logo and the URL 'HTTPS://WWW.REGTAP.INFO'.

Issuer Community - Private

View Edit Manage Revisions Library

COMMUNITY INFORMATION


The Issuer Technical Community

Unjoin

Created
Mon, 05/20/13
Manager
Ama Emanuel_FED_CMS
Visibility:
Private - accessible only to group members
Sponsoring Organization
E&E
Request a sub-community

MEMBERS

Tom Birkmire_FED_CMS
Michelle Jenkins_FED_CMS
Zena Nelson_CO-OP
William Armstrong_IC
Vivek Sachdeva_JC
more

COMMUNITY ANNOUNCEMENTS

Last message Updated 03/22/2018

CMS Issuer FPM Update: IMP1A is Available until 8 PM ET

- **All-Issuer Testing Available in IMP1A Until 8 PM ET:** The IMP1A testing environment is available until 8:00 p.m. Eastern Time.

Issuer Webinar Schedule:

- **REMINDER: CMS Enrollment Issuer Policy Call - New Webinar Platform.**
We are now broadcasting our CMS Enrollment Issuer Policy Call Webinar Sessions, using the NEW webinar platform.

o The NEW Webinar platform was announced to Issuers and Stakeholders, Thursday, February 22, 2018, via REGTAP.

o Participants will be able to see the broadcast (including slide presentations), and hear the Enrollment Speakers/Presenter, and Subject-Matter-Experts (SMEs) through their computers, and other internet devices, including mobile devices, tablets, etc.

o Participants will also be able to submit all questions through a Question & Answer (Q & A) panel of the broadcast, and receive answers from CMS Subject-Matter-Experts (SMEs).

o All Issuers and participants within an organization who will be attending the Enrollment Policy Call or who wishes to attend the Policy call sessions, are asked to register individually, since the webinar link cannot be shared across organization. Participants can register using the link below:

§ ENR Series XI Events Registration: https://www.regtap.info/reg_events_view.php?class=383

o Registrants and participants are encouraged to **test their system's compatibility** in advance of the first webinar on (March 19th), using the link below:
http://engage.vevent.com/microsite/ext/self_test.jsp?eid=140

CCIO Enrollment Webinar (Policy Focus)

Series XI: Bi-Weekly @ 12:00 pm E.T.- Monday, January 22, 2018, and will continue through December 2018.

- For dial-in/logistics, register via www.RegTap.info

CMS Issuer Technical Workgroup

CALENDAR

March

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

EVENTS FOR TODAY

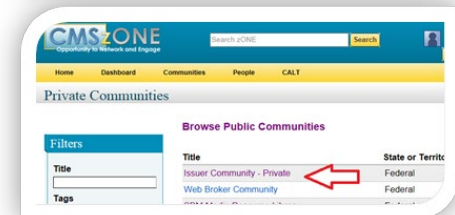
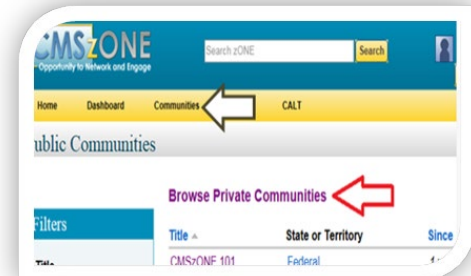
No scheduled events for today

ADD CONTENT

- Discussion
- Documents
- Event
- Wiki

How to Join CMSzONE

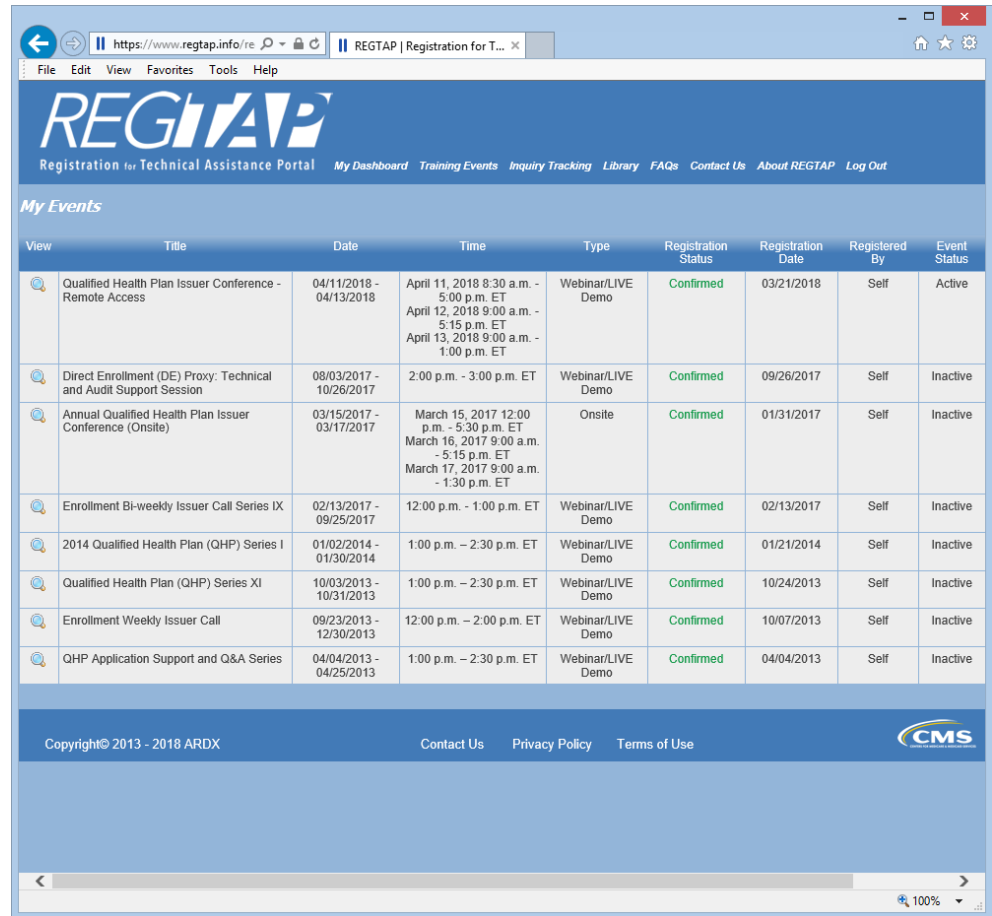
- Step 1: Register with CMS Enterprise Identity Management System (EIDM) (Pre-requisite to CMSzONE Access)
 - Register for access at EIDM Enterprise Portal Here: <https://portal.cms.gov/>
 - Log in with your EIDM credentials and click on “Request Access Now”
 - Click on “Request New Access” and choose CMSzONE
- Step 2: Request CMSzONE Private Issuer Community Access: (After being granted EIDM access)
 - Log into zONE; click on the Communities tab
 - Click Browse Private Communities
 - Click Issuer Community – Private
 - Click Join Community
 - Provide explanation of why you need access to this community; include: name and contact information, and reason for joining (filling out QHP templates, testing 834’s, etc.)



Sign up for Webinars on REGTAP

Remember to look for:

- Bi-Weekly Enrollment Policy Webinars (e.g. Mondays @ Noon E.T.)
- Financial Management (FM) Policy-Based Payments Webinars
- Edge Server Webinars
- QHP Plan Management webinars



The screenshot shows the REGTAP website interface. The header includes the REGTAP logo and navigation links: Registration for Technical Assistance Portal, My Dashboard, Training Events, Inquiry Tracking, Library, FAQs, Contact Us, About REGTAP, and Log Out. The 'My Events' section displays a table of upcoming events.

View	Title	Date	Time	Type	Registration Status	Registration Date	Registered By	Event Status
	Qualified Health Plan Issuer Conference - Remote Access	04/11/2018 - 04/13/2018	April 11, 2018 8:30 a.m. - 5:00 p.m. ET April 12, 2018 9:00 a.m. - 5:15 p.m. ET April 13, 2018 9:00 a.m. - 1:00 p.m. ET	Webinar/LIVE Demo	Confirmed	03/21/2018	Self	Active
	Direct Enrollment (DE) Proxy: Technical and Audit Support Session	08/03/2017 - 10/26/2017	2:00 p.m. - 3:00 p.m. ET	Webinar/LIVE Demo	Confirmed	09/26/2017	Self	Inactive
	Annual Qualified Health Plan Issuer Conference (Onsite)	03/15/2017 - 03/17/2017	March 15, 2017 12:00 p.m. - 5:30 p.m. ET March 16, 2017 9:00 a.m. - 5:15 p.m. ET March 17, 2017 9:00 a.m. - 1:30 p.m. ET	Onsite	Confirmed	01/31/2017	Self	Inactive
	Enrollment Bi-weekly Issuer Call Series IX	02/13/2017 - 09/25/2017	12:00 p.m. - 1:00 p.m. ET	Webinar/LIVE Demo	Confirmed	02/13/2017	Self	Inactive
	2014 Qualified Health Plan (QHP) Series I	01/02/2014 - 01/30/2014	1:00 p.m. - 2:30 p.m. ET	Webinar/LIVE Demo	Confirmed	01/21/2014	Self	Inactive
	Qualified Health Plan (QHP) Series XI	10/03/2013 - 10/31/2013	1:00 p.m. - 2:30 p.m. ET	Webinar/LIVE Demo	Confirmed	10/24/2013	Self	Inactive
	Enrollment Weekly Issuer Call	09/23/2013 - 12/30/2013	12:00 p.m. - 2:00 p.m. ET	Webinar/LIVE Demo	Confirmed	10/07/2013	Self	Inactive
	QHP Application Support and Q&A Series	04/04/2013 - 04/25/2013	1:00 p.m. - 2:30 p.m. ET	Webinar/LIVE Demo	Confirmed	04/04/2013	Self	Inactive

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Study the Eligibility and Enrollment (ENR) Page on REGTAP

Link for REGTAP

Members:

<https://www.regtap.info/FENR.php>

Now includes:

- All Exchange Enrollment guidance in one location
- Provides updates and guidance on Enrollment for the 2019 and 2020 Plan Years
- Examples of guidance resources: Batch Auto Renewals (BAR), Enrollment Manual, HICS Best Practices



Enrollment and Eligibility (ENR) Resource Page

[Get Adobe Reader](#)

Welcome to the Enrollment and Eligibility (ENR) Resource Page

The Affordable Care Act (ACA) created new, competitive private Health Insurance Exchanges, known as Marketplaces, that enable Qualified Individuals (QIs) to shop for, select, and enroll in high quality, affordable private health plans. The Marketplaces also allow consumers to obtain eligibility determinations or eligibility assessments for coverage under Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP), where applicable.

This page provides issuers participating in the Federally-facilitated Marketplace (FFM) through [HealthCare.gov](#) with updates and guidance for the 2017 and 2018 Plan Years.

Pursuant to 45 CFR §155.405, an individual completes a single streamlined application for enrollment into coverage through the FFM. The Marketplace uses this single streamlined application to determine both the consumer's eligibility to purchase coverage through the Marketplace and, if the applicant chooses to apply for insurance affordability programs, the consumer's eligibility for APTCs, CSR, and in some states, Medicaid and CHIP. Depending on a state's election, the FFM either makes final eligibility determinations for Medicaid and CHIP based on the applicant's MAGI, or assesses the applicant's potential eligibility for Medicaid and CHIP.

Health Insurance [Marketplace](#)

TOPICS OF INTEREST

[SPECIAL ENROLLMENT PERIODS](#)

Most Recent Webinar Presentations

[SEP for Small Population Where SSN was Updated Through Offline Process](#)

[Toolkit for Issuer Outreach to Consumers About Forms 1095-A](#)

[Marketplace SEP: Individuals Affected by Hurricanes in Puerto Rico & U.S. Virgin Islands](#)

ENR Core Resources

[Enrollment Manual for FFM and FF-SHOP](#)

[Manual Payment Process for 2016 UIEs](#)

[Exchange Issuer Best Practices 2018](#)

[Technical Reference Guide for Individual Market ENR Disputes](#)

MARCH 2018 TRAINING EVENTS REFERENCE CALENDAR

As of 03/01/18:

click the image to enlarge

NEW TO REGISTRATION?
click the button below

[REGISTER](#)
for next Bi-Weekly Issuer Policy Call Series XI session

[VIEW REGISTRATIONS](#)
click the button below

[MY EVENTS](#)
view my registrations

TOP 5 FAQs FOR ENROLLMENT AND ELIGIBILITY

As of 02/01/18:

Obtain HICS Access

- Apply for HICS casework system access for as many staff as you think you may need, even during peak periods. Lessons learned from past issuers is to enable as many staff as possible to manage casework to expedite resolutions.
- Apply early
- New Enterprise User Administration (EUA) Form can be accessed here:
<http://www.cms.hhs.gov/InformationSecurity/Downloads/EUAaccessform.pdf>
- Issuers are required to complete all of Section A
- Issuers are reminded to always include the required job codes: (HICS_Issuer), their justification for access, as well as the Issuer Identification Numbers (HIOS IDs) on the form
- Send applications via a traceable mail carrier (See following slides)

Health Insurance Casework System (HICS)

HICS

- Tracks casework issues and volume
- Users
 - CMS
 - CMS contractors
 - Issuers
 - Departments of Insurance
- Cases assigned a unique identifier
 - Case ID begins with “E” and the first two digits represent the year of receipt, e.g. E180000123
- “Issuer Assignment Date”
 - Resolution timeframe based on Issuer Assignment Date

System Specifics

- Cases are loaded once daily from the Marketplace Call Center
 - Excludes Sundays and some federal holidays
- Cases entered by CMS and CMS Contractors are loaded real time
 - Viewable by issuers once saved
- Report Generation
- Extract functionality
- View and upload documents to individual cases
- Able to upload multiple resolutions to the system at once
- Able to annotate case notes and statuses, to include XOSC status
- Issue Level Disagreement Indicator
- Availability of Issuer User Guide

Access

- Submit form via traceable carrier to:
Centers for Medicare & Medicaid Services; Attn: Bonita Porter
Center for Consumer Information & Insurance Oversight, Room 739
200 Independence Avenue, SW, Washington, DC 20201
- Original signed form required
 - Provide Health Insurance Oversight System (HIOS) Issuer ID
- Allow 10 business days from receipt for processing
 - Credentials will be emailed
 - Default password will need to be changed
 - CMS Information Systems Security and Privacy Awareness Training

Maintaining HICS Access

- Annual recertification and security requirement
 - Important CMS internal control procedure
 - CMS will send a notification directing user to recertify at:
 - EUA webpage (<https://eua.cms.gov>)
 - Computer Based Training (CBT) webpage (<https://www.cms.gov/cbt/login>)
 - Failure to complete recertification requirements will result in revoked access and delays with regaining access
- See CCIIO memorandum issued on 5/21/2015 for more information on securing and maintaining system access

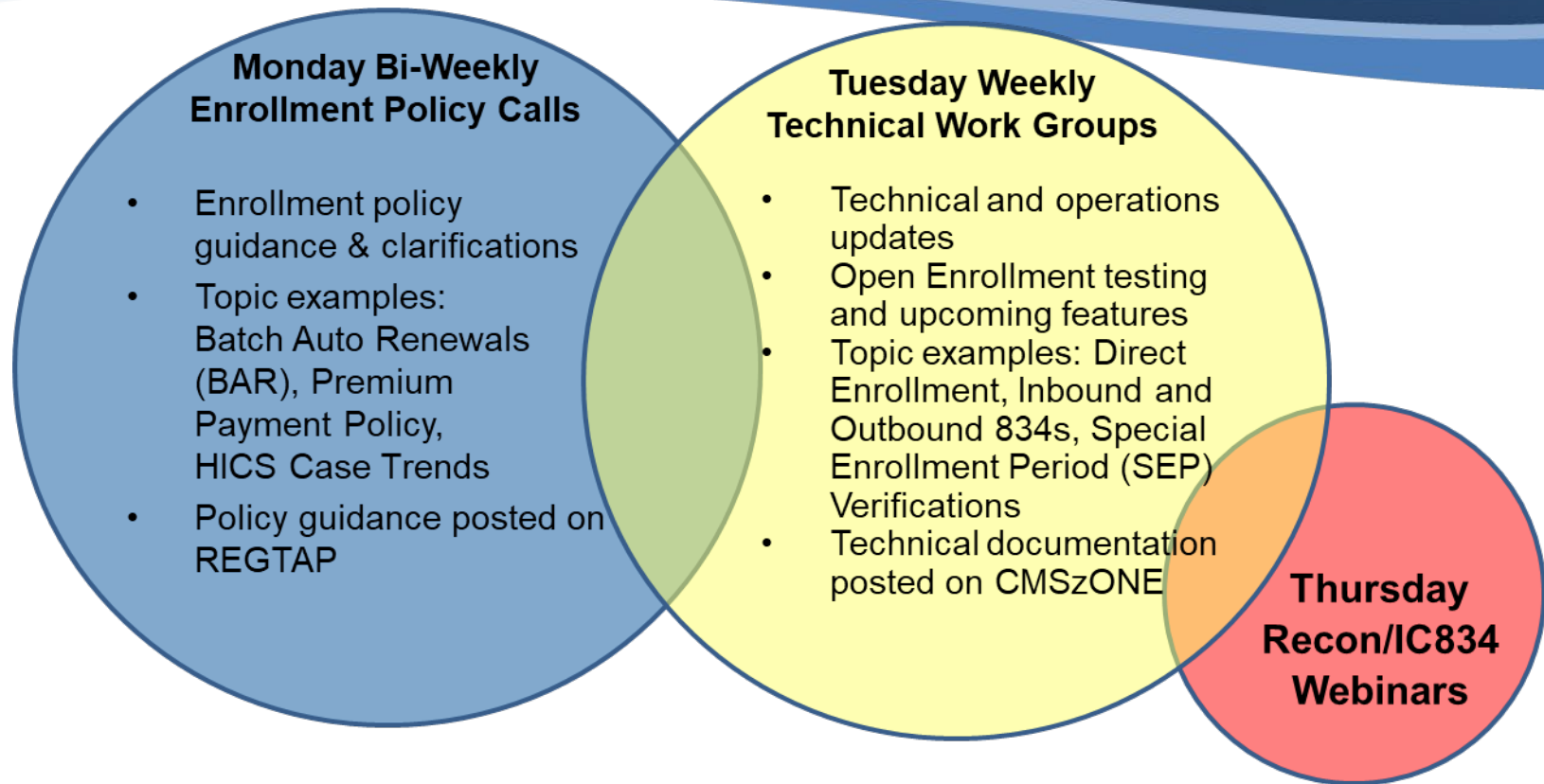
HICS Assistance

- Password Resets
 - Contact CMS IT Help Desk at 1-410-786-2580
 - Passwords need to be changed every 60 days
- HICS Help Desk - hics@cms.hhs.gov
 - 1-888-205-0684
 - 8:00 a.m. – 5:00 p.m. (ET), Monday through Friday
 - Technical questions and troubleshooting
 - Unable to address policy issues/questions
 - Policy issues/questions should be directed to the Account Manager and Lead Caseworker

HICS Assistance - continued

- HICS Access Resource Mailbox
 - HICS_Access@cms.hhs.gov
 - Restoring access after inactivity
 - Access revoked for failure to logon within a 60-day period
 - Adding HICS profile when already have CMS account
 - Example: User already accesses CMS' Complaints Tracking Module
 - Deleting users
 - Adding an Issuer ID to view
 - Important step for issuers in 2018 preparations
 - For example, parent company which currently operates issuer 12345 and 98765, needs access to Issuer ID cases for 99999, a new issuer operating in 2019

Know Your Issuer Enrollment, Operations & Reconciliation Forms



Best Practice Tip: Enrollment policy areas often overlap with operational topics and technical issues. Most issuers thus find it is useful to have at least one staff member attend both the Monday policy and Tuesday technical forums to identify inter-dependencies across their respective teams.

Prepare to Receive Payment

Vendor Management Readiness

- Issuers must complete CMS' Vendor Management (VM) process to obtain a Payee ID to enable CMS to remit payment or invoice for Advance Payment of the Premium Tax Credit (APTC), User Fees, and Risk Adjustment
- All issuers must establish access to the Vendor Management (VM) Tool in Salesforce hosted in the CMS Enterprise Portal. Issuers will continue to use HIOS to obtain their user roles which are required to establish access to the VM Tool
 - The VM Tool provides issuers with the ability to create, edit and approve Payee record information. Issuers can also submit questions to CMS, and access program guidance.
 - Access to specific functionality in the VM Tool is determined by each user's assigned user role.
- More information on accessing, completing, and submitting VM information can be found at the following REGTGAP links:
 - [Requesting Salesforce and VM Tool Access](#)
 - [Accessing VM Tool and Process Overview](#)
 - [New Issuer Training](#)

Vendor Management Readiness

(continued)

- If Company and TIN did not participate in a previous year, complete and submit the “Request HIOS Account” (in HIOS) and do the following:
 - Establish applicable user roles in HIOS (Payee Data Submitter and Payee Data Approver)
 - Obtain access to the VM Tool (Salesforce Tile)
 - Create and approve Payee Record for TIN in the VM Tool by submitting the data requested
 - Request your financial institution to submit a Bank Verification Letter (BVL) directly to CMS
- New issuers should complete the Vendor Management process by late September 2020 for the 2021 benefit year
- For questions related to VM, contact the CMS VM team at Vendor_Management@cms.hhs.gov

Complete HIX 820 Connectivity Test – Are You Ready?

CMS will provide details on monthly policy-level (e.g., APTC, User fees) and program-level (e.g. Risk Adjustment) payments via the HIX 820

1. Onboard & Complete EFT Setup

- a. Complete and submit EDI registration form (see next section)
- b. As part of this process, issuers will complete necessary steps to establish EFT setup/connection with CMS and onboard with the HUB
- c. DUE DATE: July 31st

2. Confirm Readiness

- a. Email Financial Management Coordination Center (FMCC) (FMCC@cms.hhs.gov) to confirm readiness to receive a HIX 820 test file
- b. DUE DATE: September 30th

3. Complete Connectivity Test

- a. Submit a Technical Acknowledgement (TA1) and Functional Acknowledgement (999) response file back to the HUB
- b. DUE DATE: October 30th

Additional Information

- **Confirming Readiness means:**
 - ✓ Configuration to receive HIX 820 X12 formatted test file either:
 - ✓ via a Secure Point of Entry (SPOE) folder (if EFT setup is configured to pull files from CMS) OR
 - ✓ via a server folder (if EFT setup is configured for push mechanism)
 - ✓ Ability to run syntax checker on 820 test file for all associated Payee IDs
 - ✓ Ability to send back an Interchange Acknowledgement (TA1) AND a Functional Acknowledgement (999) response file for all associated Payee IDs
- **Connectivity Testing:** Please reference HIX 820 Implementation Guide (can be found online here: <http://x12.org/>) and the HIX 820 Companion guide (version 3 on REGTAP): https://www.regtap.info/uploads/library/FT_HIX_820_Companion_Guide_v3_5CR_042915.pdf for more information

EDGE Server Readiness

- The Patient Protection Affordable Care Act (PPACA) established the Risk Adjustment (RA) program to help stabilize premiums in the individual and small group markets
 - The program implementation requires the collection of enrollment and claims data from issuers in States where the Department of Health and Human Services (HHS) is operating the RA program
- To provide CMS with the necessary data, issuers must submit their enrollment and claims data to their EDGE server
 - All processing of enrollee and claims data, and calculation of individual risk scores occurs on the issuer's EDGE server
 - Issuers must establish, register and provision their respective EDGE servers by Fall 2020
 - Issuers have 2 options for establishing/hosting an EDGE server
 - Virtual server in the Amazon cloud
 - On-premise server in a location of the issuer's choice: physical or virtual
- The [EDGE Server Operations and Maintenance Manual \(O&MM\)](#) provides information on pre-registration, registration, provisioning and data submission
- For questions and to begin the process, please contact the EDGE Operations team at EDGE_Server_Data@cms.hhs.gov

Exchange Enrollment Data with CMS



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

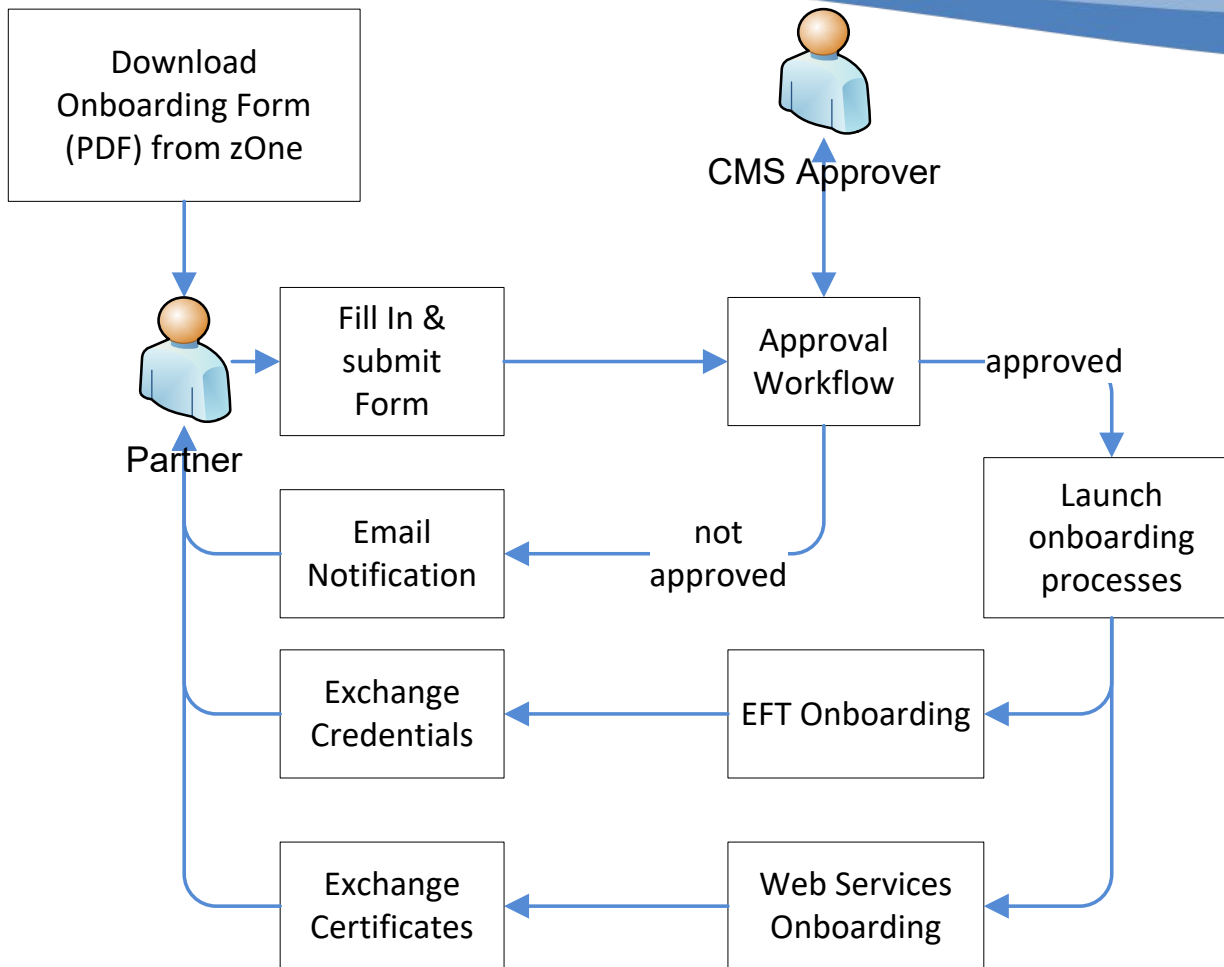
Enrollment 834 Transactions & Electronic Data Interchange (EDI) Onboarding

- Completing and submitting the EDI Registration Form is the first step in the onboarding process.
- Form enables issuers to indicate how to route 834's, 820's and electronic files to your organization(s).
- The current Version 4.0 of the form can be found on CMSzONE Private Issuer Community at:
<https://zone.cms.gov/document/edi-onboarding-form-and-instructions-connectivity-testing>

Enrollment 834 Transactions & Electronic Data Interchange (EDI) Onboarding

- Items that have not changed in the onboarding process include the following:
 - Direct Enrollment: It should be noted that if Direct Enrollment is not selected then a HUB Partner ID will not be created for the issuer
 - Upon approval, CMS will use the data to set up access to Web Services and EFT for EDI
 - The Data Services Hub (DSH) Support team will contact the individual identified on the form as the “POC for Web Services” to establish access to Direct Enrollment Services
 - EDI will then follow up with information to connect to EDI/EFT services

EDI Onboarding Process Remains Similar



EDI Registration Form Version 4.0

Examples of Partner Types can be:
**Issuer, State based Exchange,
Clearinghouse, Clearinghouse
Vendor Services Third Party
Administrator**

Centers for Medicare & Medicaid Services EDI Registration Form

New for Version 4 is the
Environment designation of either
IMPL or PROD as a dropdown

Partner Type*		Confirmation Number		Environment Profile:	IMPL PROD	Form Type*	New Change Remove
---------------	----------------------	---------------------	----------------------	----------------------	----------------------------	------------	--

1) General Information. Do Not Write in Shaded Areas of this Form. Refer to Instructions for Form Completion. This Section Has to be Filled for All Scenarios Including New Registration, Change Registration and Removing a Partner

Legal Business Name of Partner Submitting this Form* Number*	Partner Name*	Tax Payer Identification		
Street Address Line 1*	Street Address Line 2	City*	State*	Zip*
E-Mail Address*	Phone Number*		Extension	
Fax Number	Trading Partner ID*	Payee Group Number	Clearinghouse Name	Clearinghouse TPID

Most Form
Types for
issuers are
either **New** or
Change

The
**Clearinghouse
information** which
links the issuer to
its Business
Associate/Contract
ual partner for the
purposes of
routing Electronic
Data Interchange
(EDI) and other
payloads

The trading Partner ID is one of the following configurations:

1. **HIOS ID** [five (5) numeric characters only]
2. **HIOS ID plus one** (1) Alphabetic Character (A-Z)
3. **Tax ID** [nine (9) numeric characters only]
4. **Tax ID plus one** (1) Alphabetic Character (A-Z)
5. **Health Plan ID** or **Other Entity ID** (As stated in the Health Plan Identifier Rule 10 Numeric characters)

The **Payee Group Number** is the preferred grouping related to payment organization to support the Financial Management aspects of an organization

Centers for Medicare & Medicaid Services

EDI Registration Form

Submit

Partner Type* Confirmation Number Environment Profile: Form Type*

1) General Information. Do Not Write in Shaded Areas of this Form. Refer to Instructions for Form Completion. This Section has to be Filled for All Scenarios including New Registration, Change, Registration and Removing a Partner.

Legal Business Name of Partner Submitting this Form* Partner Name* Tax Payer Identification Number*
Street Address Line 1* Street Address Line 2 City* State* Zip*
E-Mail Address* Phone Number* Extension
Fax Number Trading Partner ID* Payee Group Number Clearinghouse Name Clearinghouse TPID

2) Contact Information. Refer to Instructions for Form Completion.

Contact Type	E-Mail Address*	Primary Phone*	Secondary Phone	Fax Number

Add Contact

3) EDI Transactions List for the Organization. Refer to instructions for Form completion. If the transactions have to be routed/received from other entities than the Partner described in Section 1 (i.e., The Partners will indirectly communicate with CMS through the entities, the Clearing House/Third Party Administrator. The values for these entities needs to be filled).

EDI Transaction or Service	Version	Reason for Request A/C/D	Start Date	End Date
834 - Benefit Enrollment	005010X220A1			
820 - Remittance Advice	005010X306			
999 - Functional Acknowledgement	005010X231A1			
824 - Application Reporting for Insurance (Reserved for Future Use)				
Application Error Reporting (XML)	AER			
Direct Enrollment (Applicant Enrollment Web Services)	AEWS			
Employer Group Enrollment	GRGP			

4) List, as appropriate, the Qualified Health Plan Identifier and relationship to the FEIN/OEID.

Request Type QHP ID (10 Characters) Optional Clearinghouse Relationship (TPID)

* INCOMPLETE APPLICATIONS WILL BE RETURNED *

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 3001-0003. The time required to complete this information collection is estimated to average 30 (45) minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1800.



Form Version 4.0

Centers for Medicare & Medicaid Services EDI Registration Form

Instructions for Completion of the Centers for Medicare and Medicaid Services Marketplace EDI Registration Form

Many parts of the Form are self-explanatory. Following is supplemental information to assist the Trading Partner in completing the form.

Partner Type: Select the type of entity filling up the form.

Confirmation Number: This number will be auto generated upon the submission of the form.

Form Type: Select the appropriate check box based on the following criteria: **New:** You are onboarding the partner for the first time. **Change:** You are making changes to the information on a previously submitted form. **Remove:** You choose to terminate the registration of the Trading Partner.

Legal Business Name of Partner Submitting the Form/ Partner Name: The name of the organization that is used for any official purposes when dealing with the government.

Tax Payer Identification Number: Identification Number you use when reporting to the IRS for tax purposes. The length restrictions for this field are 9 numeric characters.

Street Address, City, State, and Zip: Provide the street address, city, state, and zip code for the Legal Business Name.

Email Address, Phone Number, Extension, and Fax Number: Provide the latest contact information. Include only numeric value for telephone numbers and provide a valid email address.

Trading Partner ID: Provide an identifier for the Organization. Please use one of the following options: A 10 character Health Plan identifier; HIOS ID; HIOSID with one alphabet appended at the end; Tax Payer Identification Number; Tax Payer Identification Number with one alphabet appended at the end. The length restrictions for this field are 5- 10 alphanumeric characters.

Payee Group Number: Provide the Payee Group Number associated to the tax identification number if you are exchanging any financial transactions with CMS. The length restrictions for Payee Group number are 7-15 alphanumeric characters.

Clearing House Name, Clearing House TPID: Provide the Name and Trading Partner ID associated to the Payee Group Number specified. The length restrictions for this field are 5-10 alphanumeric characters.

(2) Contact Information

Contact Information for EDI Admin and Technical Officer are mandatory. Provide Last Name, First Name, Title and Telecommunication information related to these contacts in your organization. Provide a valid email address and enter only numeric values in the Primary Phone, Secondary Phone and Fax Number fields.

If you choose to provide additional contact information, you can choose the type of contact from the drop down or you can enter the contact type in the drop down.

(3) EDI Transaction List

Select and fill out information for at least one EDI Transaction or service from the list provided. In case of an 834 - Benefit Enrollment and 820 - Remittance Advice selection from the list, you must select and provide dates for 999- Functional Acknowledgement.

Reason for Request: Choose one of Addition, Change or Delete from the drop down list. Select Addition if you are adding a transaction. Note that you have to provide both Start Date and End Date in this case. Select Change if you are changing the effective dates. Select Remove if you want to terminate a transaction/transactions. Provide and End Date only in case of this selection.

Start Date, End Date: This is the date that you want to have your change take effect and end effect, respectively, that is associated with your Reason for Request.

(4) Qualified Health Plan Identifier and relationship to the FEIN/OEID:

Request Type: Enter Addition, Change or Delete. Leave blank if you do not choose to add QHPID or Clearing House trading partner information. If you choose to change the ClearingHouseID relationship to the QHPID, add the original QHPID and add the new ClearingHouseID in the columns. Use the Delete option to remove QHPID (Enter QHPID and/or ClearingHouseID you choose to delete).

QHPID: Enter the first 10 characters of the Qualified Health Plan Identifier

ClearingHouseID: Enter the Trading Partner ID of the Clearing house / TPA associated to the QHPID. The length restrictions for this field are 5- 10 alphanumeric characters.

Use the **Add Item** button to add additional QHPID and ClearingHouseID rows to the table.

Once you fill out the data in the form use the Submit Button to submit the Trading Partner Onboarding form for further processing. In case of any errors, correct the data as the error suggests and re-submit.

A Confirmation Number will be generated upon successful submission and you will be contacted by Marketplace Electronic Data Interchange team for further clarification and registration status.

EDI Registration Form Version 4.0

Fill out Contact Points for: **Security Officer, EDI Administration, Technical Officer, Web Services, Testing and Production Support.**

Note the **Clearinghouse Contact** information is used only when an organization contracted with a Clearinghouse to route electronic traffic on behalf of the issuer(s).

2) Contact Information. Refer to Instructions for Form Completion.

Contact Type	Last Name*	First Name*	Title	E-Mail Address*	Primary Phone*	Secondary Phone	Fax Number	
EDI Admin								
								

New dropdowns for adding contact point information instead of static rowed.

EDI Registration Form Version 4.0 (continued)

3) EDI Transactions List for the Organization. Refer to instructions for Form completion. If the transactions have to be routed / received from other entities than the Partner described in Section 1 (i.e., The Partners will indirectly communicate with CMS through the entities, the Clearing House / Third Party Administrator. The values for these entities needs to be filled).

EDI Transaction or Service	Version	Reason for Request A/C/D	Start Date	End Date
834 – Benefit Enrollment	005010X220A1			
820 – Remittance Advice	005010X306			
999 – Functional Acknowledgement	005010X231A1			
824 – Application Reporting for Insurance (Reserved for Future Use)				
Application Error Reporting (XML)	AER			
Direct Enrollment (Applicant Enrollment Web Services)	AEWS			
Employer Group Enrollment	GROP			

4) List, as appropriate, the Qualified Health Plan Identifier and relationship to the FEIN/OEID.

Request Type	QHP ID (10 Characters)	Optional Clearinghouse Relationship (TPID)
		-

Add Item

New for Version 4 is the Transaction Set Version dropdown which specifies the version of the ASC X12 Technical Report Type 3 (TR3) to be used. Initial display will be the 5010 version of the TR3. The next slide will display each dropdown's 7030 version of the TR3.

EDI Registration Form Version 4.0 (continued)

EDI Transaction or Service	Version	Reason for Request A/C/D	Start Date	End Date
834 – Benefit Enrollment	007030X333			
820 – Remittance Advice	007030X345			
999 – Functional Acknowledgement	007030X335			
824 – Application Reporting for Insurance (Reserved for Future Use)				
Application Error Reporting (XML)	AER			
Direct Enrollment (Applicant Enrollment Web Services)	AEWS			
Employer Group Enrollment	GROP			

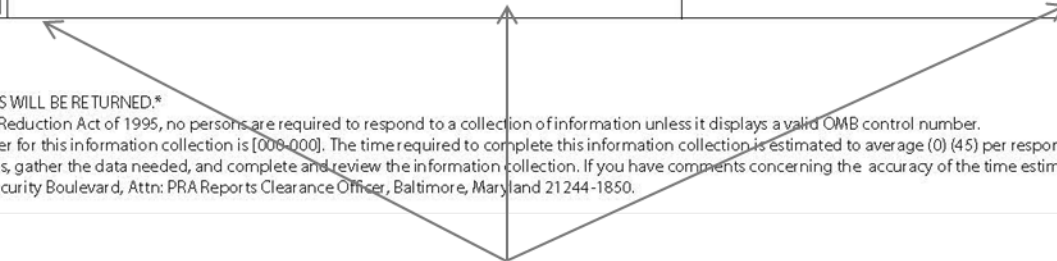
For Example the 834 now has the 007030X333 as a possible next version to be supported of this transaction set. The 820 has the 007030X345 and the 999 Functional Acknowledgment 007030X335 have been updated as well with their next number.

EDI Registration Form Version 4.0 (continued)

4) List, as appropriate, the Qualified Health Plan Identifier and relationship to the FEIN/OEID.

Request Type	QHP ID (10 Characters)	Optional Clearinghouse Relationship (FEIN or OEID)

* INCOMPLETE APPLICATIONS WILL BE RETURNED.*
According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is [000-000]. The time required to complete this information collection is estimated to average (0) (45) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.



This Section of the form performs a **dynamic add** of information to the form. On the next slide several QHP/QDP ID linkages are created.

EDI Registration Form Version 4.0 (continued)

4) List, as appropriate, the Qualified Health Plan Identifier and relationship to the FEIN/OEID.

Request Type	QHP ID (10 Characters)	Optional Clearinghouse Relationship (TPID)	
Addition	12345XX001		-
Addition	12345XX002		-
Addition	12345XX003		-

Add Item

Addition, Change or Delete of the QHPID to TPID linkages Dropdown

These are only the first ten (10) characters of the **Qualified Health/Dental Plan**.

Hub Issuer Onboarding Form for EDE Partners (1 of 4)



Hub Issuer Onboarding Registration

Please respond to the Hub Support Team (dsh.support@qssinc.com) with any questions or concerns

To start the process, please complete the following sections and return to the Hub Support Team:

1. Form Type: ☐ New ☐ Change ☐ Remove

2. Please provide the CMS Marketplace EDI Registration Form Confirmation Number

a. Not required for Existing Partners unless requesting Access or Partner ID update

EDI Registration Form Confirmation Number

3. CMS Service Access Request

Direct Enrollment Services (DE)

- Fetch Eligibility
- Submit Enrollment
- Federally Facilitated Exchange SAML Redirect

Enhanced Direct Enrollment Services (EDE)

- Get Enrollment
- Create Application
- Get Application
- Add Member
- Remove Member
- Update Application
- Submit Application
- Delete Application
- Store Permission
- Revoke Permission
- Person Search
- ID Proofing Confirmation
- Notice Retrieval
- Special Enrollment Verification
- Data Matching Issues
- Metadata Search
- Document Upload
- Payment Redirect
- State Reference Data
- System Reference Data
- Remote Identity Proofing (RIDP)
- Fraud Archive Reporting Service (FARS)
- Fetch Eligibility
- Submit Enrollment

Get Enrollment API (Non-EDE)

Please Note: The Get Enrollment API may be used for both EDE and Non-EDE Issuers. If an Issuer Onboards to the Get Enrollment API for

If the issuer intends to implement **Enhanced Direct Enrollment (EDE)** and/or access the new suite of **Application Program Interfaces (APIs)**, after submitting the EDI Registration form, the issuer will be sent the Hub Issuer Onboarding Form by the Hub team to complete. Courtesy screen shots are included in this deck, but are subject to change.

Hub Issuer Onboarding Form Version 7.0



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

- For Partners providing a platform for DE/EDE Partners, the entity providing the platform can complete the form on behalf of the entities they are providing the platform for
 - The Hub Onboarding Form allows for both primary and upstream entities
 - Primary entities that have upstream entities will receive unique Partner IDs for their upstream entities after submitting an updated Hub Onboarding Form

Issuers must list all HIOS IDs within their organization that will use the Partner ID

- Issuers can opt to have a single Partner ID for all of their HIOS IDs, or can opt to have an individual Partner ID for one or more of their HIOS IDs

Hub Issuer Onboarding Form for EDE Partners

(3 of 4)



6. Please update the below contact information for the main **Point of Contact**:

- a. **New Partner:** Default POC will be the signer of CMS Web Broker Agreement. Please add any additional contacts if needed
 - b. **Existing Partner Update:** Please update any contacts as needed
 - c. **New Service Access:** Please add the POC details to the requested service
- NOTE:** Please separate additional contacts using a *semicolon “;”*

Direct Enrollment Services POC for Credentials/Certificates/Access Notifications

Entity/Vendor Name:	
Contact(s) Name:	
Contact(s) Email:	
Contact(s) Phone:	

Enhanced Direct Enrollment Services POC for Credentials/Certificates/Access Notifications

Entity/Vendor Name	
Contact(s) Name	
Contact(s) Email	
Contact(s) Phone	

Get Enrollment API (non-EDE) POC ¹

Entity/Vendor Name	
Primary FEIN ²	
Additional FEIN ³	YES ☐ NO ☐
Contact(s) Name	
Contact(s) Email	
Contact(s) Phone	

¹ Separate contact details are not required if Get Enrollment for EDE purposes

² A FEIN is mandatory for access to the Get Enrollment API, including when used for EDE purposes

³ Issuers with multiple FEINs will have to Onboard to HIOS to set up Service Provider and Service Receiver relationships with their primary and secondary FEINs

Hub Issuer Onboarding Form Version 7.0



Hub Issuer Onboarding Form for EDE Partners (4 of 4)



7. Below are the certificate requirements for each environment. Please fill in your certificate details:
- New Partner:** Please attach the certificate files to be loaded to our Gateway for SSL Authentication. We require that CA certificates come from an authorized Certificate Authority company such as Verisign or Entrust. Please either rename your certificate files to a .txt extension, or zip up the certificate file as our mail server will reject attachments with .cer/.crt extensions.
 - Existing Partner:** Please provide an updated certificate if your existing certificate shared with the Hub is expired or needs to be changed

Environment	Certificate Requirement	Certificate Filename	Certificate Name	Expiration Date	SHA1 Thumbprint
IMPL/UATO	X.509 Certificate: - A self-signed certificate OR CA signed certificate - RSA (2048 Bits) - Certificates must use Secure Hash Algorithm (SHA)-2 for message digest. It can be any of the following strengths: 256, 384, or 512	[Enter attached certificate file name]	CN=	XX/XX/XXXX	
PRODUCTION	X.509 Certificate: - A trusted Certificate Authority (CA) must sign the certificates. - Certificates must use 2048-bit keys. - Certificates must use Secure Hash Algorithm (SHA)-2 for message digest. It can be any of the following strengths: 256, 384, or 512	[Enter attached certificate file name]	CN=	XX/XX/XXXX	

Note: IMPL/UATO Certificate will be configured and tested prior to the Production Installation

- Once we receive your IMPL/Production certificates, we will configure your certificates to our Gateways and create a Hub Partner ID for new Partners
- Hub Team will send you an email with a Hub Partner ID and Password, as well as the required public keys and endpoints that you will use to access the Hub and the FFE Services.

Hub Issuer Onboarding Form Version 7.0

EDI Onboarding: Additional Reference Materials

- Homework for technical team:
Review the following reference materials
 - EFT Connection Details: Information on file transfer SSH File Transfer Protocol (SFTP) clients, and SPOE ID's (also provided during onboarding process)
 - EDI Platform Processing Schedule: Outlines timelines for EDI traffic (i.e. several times per day in IMP1A testing environment; one (1) time daily at 6 p.m. E.T. for Production environment)
 - Signing up to become a Direct Enrollment partner? Review the HUB Partner ID Process Steps

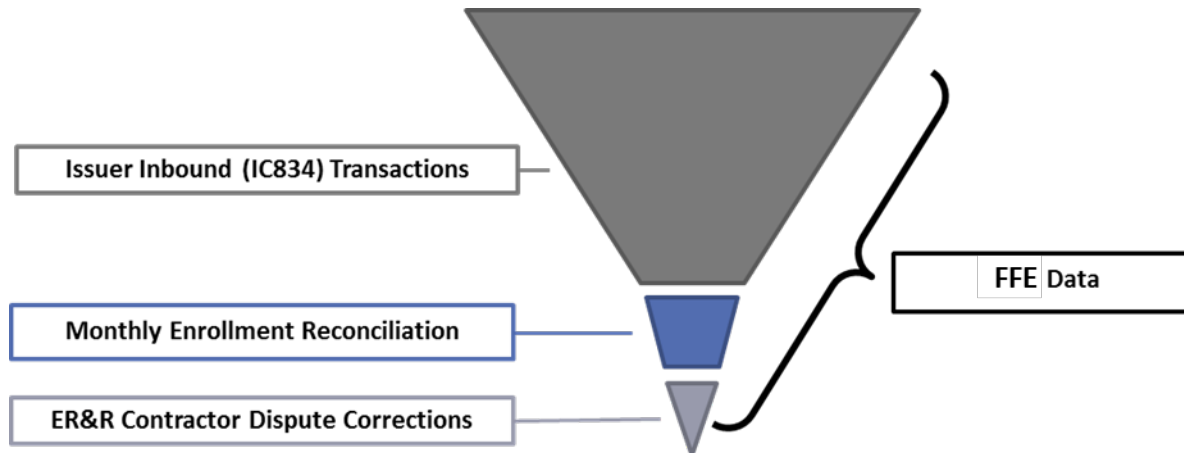
Principal Concept: It is Critical to Synchronize Enrollment Data Between Issuer and the FFE

- To ensure a successful experience for Issuers and their enrollees, synchronization of Issuer and FFE data is critical
- The FFE “owns” certain data elements, such as the Advanced Payment Tax Credit (APTC) Amount or fully-qualified QHP ID
- Likewise, Issuers “own” elements such as effectuation status
- It is vital that data from both sides is considered to fully understand the status and attributes of each enrollment record
- Timely synchronization of enrollment data is necessary to support activities such as:
 - Policy Based Payments
 - User Fee Calculations
 - Consumer Form 1095-A Generation
 - Follow-On Actions by Enrollees on the FFE
- Key takeaway: Bad data causes inaccurate payments, incorrect information on Form 1095-As, and reenrollment issues.

Consistent, quality reconciliation matters!

FFE Data Consistency

Updating enrollment in the Federally Facilitated Exchange (FFE)



- Inbound IC834 (IC834) transactions should be used to make basic updates to the status of an enrollment such as effectuation, cancellation, or termination.
- Monthly Enrollment Reconciliation is an analytical process with greater flexibility in updating policies.
 - Files must pass basic formatting checks and “sanity checks” on the updates to be made; approved updates are run against FFE via the Batch Update Utility (BUU).
- Dispute Corrections involves manual inspection of a policy by the Enrollment Reconciliation & Resolution (ER&R) Contractor, and direct contact with Issuer/Consumer, and should represent the smallest contingent of enrollment updates applied to the FFE.

2020 Enrollment Reconciliation: Training, Reference Materials, & Support

- The Enrollment Reconciliation team will be conducting new issuer trainings beginning early Fall 2020
- Issuers should review the educational materials available on zONE including the Enrollment Reconciliation Education Suite and Standard Issuer Enrollment Data Files documents
 - These documents are available at:
<https://zone.cms.gov/document/enrollment-data-reconciliation>
- If you have questions on 2021 Enrollment Reconciliation, please send them to recon_issuer_support@bah.com with the subject line “RECONCILIATION – QUESTION”
- Please submit Enrollment Reconciliation Technical Contacts to CMS:
 - Send an e-mail to the Help Desk (cms_feps@cms.hhs.gov) with the subject line “RECONCILIATION – TECHNICAL CONTACTS”
 - Please include the name, e-mail address and business telephone number for each contact provided

The Road to End-to-End Testing

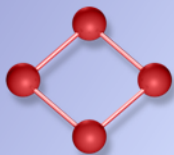
The Role of the AM in Onboarding

- As soon as you indicate intent to join the FFE we will assign you an Account Manager (AM) to help shepherd you through the onboarding process.
- The Account Manager will provide you with a specialized set of services
 - Fast track your questions instead of going through the help desk
 - Connect you to the experts if you are having issues (i.e., testing)
 - Keep you up to date on important information and deadlines
 - We are successful when you are successful
- Conference attendees: if you are considering joining the FFE, please also come talk to us after the session!

End-to-End Testing: Scope

FFM Basics

Baseline & Regression Testing



- Issuer testing via “dummy” consumer accounts
- 2020 newly submitted QHP plan data
- Financial assistance (FA) & non-FA flows for new enrollees
- Returning consumers actively re-enrolling

Direct Enrollment (DE)

“Classic” Double-Redirect & Enhanced Direct Enrollment



- Enhanced DE (EDE) including eligibility, enrollment and consumer service APIs
- Classic DE including Agent/Broker and consumer flows
- Special Enrollment Periods (SEP) and Change in Circumstances (CiC)

Decision Support Tools

Window Shopping & Plan Compare



- Window Shopping (Premium Estimation Tool) featuring Drug Formulary, Provider Search, and Estimated OOPC
- Plan Compare featuring Drug Formulary and Estimated OOPC

End-to-End Testing Process

- EDI Registration process will culminate in each issuer successfully testing they can receive transactions.
- All FFE issuers will be granted access to the “UAT0” testing environment to perform end-to-end testing that launches around the end of September (application process, eligibility determination, plan compare/selection, 834 generation)
- CMS-Technical Issuer Work Group Forum will be used to review 2019 testing progress & include testing Q&A. By September, forum will include “acknowledgement” that each FFE issuer test must respond to in order to get access to the UAT0 testing environment (URL changes each year)
- Test data for more than 20 scenarios is posted on CMSzONE for issuers to test Open Enrollment in the UAT0 testing environment. New testers and issuers encouraged to review this past year’s scenarios and end-to-end testing walk-through guides available on CMSzONE at: <https://zone.cms.gov/document/open-enrollment-2019-all-issuer-and-partner-testing-materials> (note you must become CMSzONE “Private Issuer Community” members first in order to access the materials.)

How to Sign Up for CMS Issuer Communication Daily E-mails

- The CMS Issuer Communications Distribution List sends courtesy alerts on:
 - Daily UAT0 issuer testing environment status message (~10:00 a.m. Eastern Time) which will be critical during the end-to-end testing that begins around late September
 - Alerts on UAT0 outages/reboots (standard testing window is 10:00 a.m. – 8 p.m. Eastern Time daily, except for Friday afternoons which we reserve for updates.
 - Deliveries of Enrollment Pre-Audit files, Data Matching Inconsistency (DMI) files, and related issuer-facing files.
 - Critical testing issues, updates, tips, and workaround on a daily basis.
- To add yourself to the CMS Issuer Communications distribution list:
 - Send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the exact subject line: “Add POC to Distribution List”
 - To remove yourself from the CMS_Issuer_Communications distribution list, send an e-mail to CMS_Issuer_Communications@cms.hhs.gov with the subject line: “Remove POC from Distribution List”

Issuer Testing Readiness Checklist

- Complete EDI Registration process
- Complete connectivity testing (including 834, 820, Direct Enrollment Web Services, third-party administrators)
- By August 5, make sure your testing and technical teams:
 - Join the CMSzONE Private Issuer Community
 - Sign up for CMS Issuer Communications daily e-mails
 - Participate in the Tuesday CMS Issuer Technical Work Group webinars
- By September 3, make sure your testing and testing teams:
 - Study the End-to-End testing guides carefully
 - Review the 834 Companion Guide and Maintenance 834 Transaction Implementation Guide
 - Are staffed to actively participate in end-to-end testing by the end of September (peak testing days estimated to occur from late September through mid-October)
 - Regularly attend the Monday Enrollment Policy webinars

Questions?

- To Submit or Withdraw Questions by Phone:
 - *If you are listening through your computer speakers and want to submit a question by phone, dial 1-866-391-5945 and enter your unique six-digit PIN, then dial “star(*) pound(##)” on your phone’s keypad.*
 - *If you are already dialed in by phone and want to submit a question, then dial “star(*) pound(##)” on your phone’s keypad.*
 - *If you would like to withdraw a question and you are dialed in by phone, then dial “star(*) pound(##)” on your phone’s keypad.*
- To submit questions by webinar:

– *Type your question in the text box under the “Q&A” tab and click “Send.”*